



Annual Progress Report 2008

Submitted by

The Government of

UZBEKISTAN

Reporting on year: __2008__

Requesting for support year: __2010/2011__

Date of submission: 15 May 2009

Deadline for submission: 15 May 2009

Please send an electronic copy of the Annual Progress Report and attachments to the following e-mail address: apr@gavialliance.org

and any hard copy could be sent to :

**GAVI Alliance Secrétariat,
Chemin de Mines 2.
CH 1202 Geneva,
Switzerland**

Enquiries to: apr@gavialliance.org or representatives of a GAVI partner agency. The documents can be shared with GAVI partners, collaborators and general public.

Government Signatures Page for all GAVI Support (ISS, INS, NVS, HSS, CSO)

Please note that Annual Progress reports will not be reviewed or approved by the Independent Review Committee without the signatures of both the Minister of Health & Finance or their delegated authority.

By signing this page, the whole report is endorsed, and the Government confirms that funding was used in accordance with the GAVI Alliance Terms and Conditions as stated in Section 9 of the Application Form.

For the Government of Republic of Uzbekistan

Minister of Health:

Adkham Ikramov

Signature: [signed]

Date: 12 May 2009

Deputy Minister of Health:

Bakhtiyor Niyazmatov

Signature: [signed]

Date: 12 May 2009

**Chief of MOH Head Department on Planning and
Financing:**

Bakhtiyor Khashimov

Signature: [signed]

Date: 12 May 2009

This report has been compiled by:

Full name: . Dilorom Tursunova.

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ICC Signatures Page

If the country is reporting on ISS, INS, NVS support

We, the undersigned members of the Inter-Agency Co-ordinating Committee endorse this report. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The ICC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date
Niyazmatov B., ICC Chairperson	MOH	signed	12.05.09
Saidaliev S., Deputy ICC Chairperson	MOH	signed	12.05.09
Tursunova D., ICC Secretary	MOH	signed	05.05.09
Shoumarov S., Head	Republican Center for SES	signed	08.05.09
Barotova V., Deputy Head	Republican Center for SES	signed	08.05.09
Kim L., Head of Immunology Department	Republican Center for SES	signed	05.05.09
Musabaev E., Director	Research Institute of Virology	signed	13.05.09
Djumatova R., Director	Research Institute of Pediatrics	signed	08.05.09
Huseynov S., Technical Officer	WHO	signed	14.05.09
Sabitova R., Health Officer	UNICEF	signed	14.05.09
Salikhova F., Operations Officer	World Bank	signed	10.05.09

Comments from partners:

You may wish to send informal comments to: apr@gavialliance.org All comments will be treated confidentially

WHO: due to poor presence of international partners in Uzbekistan and little involvement of present ones (except WHO and UNICEF) in immunization programme, ICC has a limited coordination power.

WHO was actively assisting the Government in solving the problem with GAVI cash grant for new vaccines introduction which was frozen in the local bank.

As this report been reviewed by the GAVI core RWG: y/n

HSCC Signatures Page

If the country is reporting on HSS, CSO support

The country is not reporting on HSS and CSO support. No HSCC exists in the country

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the Health Systems Strengthening Programme and the Civil Society Organisation Support. Signature of endorsement of this document does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Financial accountability forms an integral part of GAVI Alliance monitoring of reporting of country performance. It is based on the regular government audit requirements as detailed in the Banking form.

The HSCC Members confirm that the funds received from the GAVI Funding Entity have been audited and accounted for according to standard government or partner requirements.

Name/Title	Agency/Organisation	Signature	Date

Comments from partners:

You may wish to send informal comment to: apr@gavialliance.org

All comments will be treated confidentially

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Signatures Page for GAVI Alliance CSO Support (Type A & B)

The country is not reporting on HSS and CSO support. No HSCC exists in the country

This report on the GAVI Alliance CSO Support has been completed by:

Name:

Post:

Organisation:.....

Date:

Signature:

This report has been prepared in consultation with CSO representatives participating in national level coordination mechanisms (HSCC or equivalent and ICC) and those involved in the mapping exercise (for Type A funding), and those receiving support from the GAVI Alliance fund to help implement the GAVI HSS proposal or cMYP (for Type B funding).

The consultation process has been approved by the Chair of the National Health Sector Coordinating Committee, HSCC (or equivalent) on behalf of the members of the HSCC:

Name:

Post:

Organisation:.....

Date:

Signature:

We, the undersigned members of the National Health Sector Coordinating Committee, (insert name) endorse this report on the GAVI Alliance CSO Support. The HSCC certifies that the named CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

Name/Title	Agency/Organisation	Signature	Date
.....			
.....			
.....			
.....			

Signature of endorsement does not imply any financial (or legal) commitment on the part of the partner agency or individual.

Annual Progress Report 2008: Table of Contents

This APR reports on activities between January - December 2008 and specifies requests for the period January - December 2010.

Table A: Latest baseline and annual targets

Table B: Updated baseline and annual targets

1. Immunization programme support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

1.1.1 Management of ISS Funds

1.1.2 Use of Immunization Services Support

1.1.3 ICC meetings

1.1.4 Immunization Data Quality Audit

1.2 GAVI Alliance New and Under-used Vaccines (NVS)

1.2.1 Receipt of new and under-used vaccines

1.2.2 Major activities

1.2.3 Use of GAVI Alliance financial support (US\$159,000) for introduction of the new vaccine

1.2.4 Evaluation of Vaccine Management System

1.3 Injection Safety (INS)

1.3.1 Receipt of injection safety support

1.3.2 Progress of transition plan for safe injections and safe management of sharps waste

1.3.3 Statement on use of GAVI Alliance injection safety support (if received in the form of a cash contribution)

2. Vaccine Co-financing, Immunization Financing and Financial Sustainability

3. Request for new and under-used vaccine for 2010

3.1 Up-dated immunization targets

4. Health System Strengthening (HSS) Support

5. Strengthened Involvement of Civil Society Organisations (CSOs)

6. Checklist

7. Comments

Text boxes supplied in this report are meant only to be used as guides. Please feel free to add text beyond the space provided

Table A: Latest baseline and annual targets (From the most recent submissions to GAVI)

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	637,345	608,000	608,000	608,000	608,000	608,000	608,000	608,000
Infants' deaths	8,008	8,000	8,000	8,000	8,000	8,000	8,000	8,000
Surviving infants	624,360	600,000	600,000	600,000	600,000	600,000	600,000	600,000
Pregnant women	893,903	852,745	852,745	852,745	852,745	852,745	852,745	852,745
Target population vaccinated with BCG	615,398	595,800	595,800	595,800	595,800	595,800	595,800	595,800
BCG coverage*	96.5	99.3	99.3	99.3	99.3	99.3	99.3	99.3
Target population vaccinated with OPV3	611,307	606,000	606,000	606,000	606,000	606,000	606,000	606,000
OPV3 coverage**	97.9	99.7	99.7	99.7	99.7	99.7	99.7	99.7
Target population vaccinated with DTP (DTP3)***	612,273	582,000	582,000	582,000	582,000	582,000	582,000	582,000
DTP3 coverage**	97.3	97.3	97.3	97.3	97.3	97.3	97.3	97.3
Target population vaccinated with DTP (DTP1)***	599,016	576,000	576,000	576,000	576,000	576,000	576,000	576,000
Wastage ¹ rate in base-year and planned thereafter	1.04	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of HepB (penta from 2009)	568,064	588,000	588,000	588,000	588,000	588,000	588,000	588,000
..... Coverage**	91.4	98.0	98.0	98.0	98.0	98.0	98.0	98.0
Target population vaccinated with 1 st dose of HepB (penta from 2009)	630,780	597,600	597,600	597,600	597,600	597,600	597,600	597,600
Wastage ¹ rate in base-year and planned thereafter	1.0	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Target population vaccinated with 1 st dose of Measles (MMR)	572,891	570,000	570,000	570,000	570,000	570,000	570,000	570,000
Target population vaccinated with 2 nd dose of Measles (MMR)	0	360,625	360,625	360,625	360,625	360,625	360,625	360,625
Measles coverage**	99.6	99.9	99.9	99.9	99.9	99.9	99.9	99.9
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

¹ The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

Table B: Updated baseline and annual targets

Number	Achievements as per JRF	Targets						
	2008	2009	2010	2011	2012	2013	2014	2015
Births	637,345	682,000	726,000	770,000	815,000	859,000	903,000	950,000
Infants' deaths	8,008	7,000	7,200	7,700	8,000	8,500	9,000	9,500
Surviving infants	624,360	675,000	718,800	762,300	807,000	850,500	894,000	940,500
Pregnant women	893,903	955,500	976,000	1,020,000	1,065,000	1,109,000	1,153,000	1,200,000
Target population vaccinated with BCG	615,398	661,540	704,220	746,900	790,550	833,230	875,910	921,500
BCG coverage*	96.5	97.0	97.0	97.0	97.0	97.0	97.0	97.0
Target population vaccinated with OPV3	611,307	661,500	704,424	747,054	790,860	833,490	876,120	921,690
OPV3 coverage**	97.9	98.0	98.0	98.0	98.0	98.0	98.0	98.0
Target population vaccinated with DTP (DTP3)***	611,273	551,250	704,424	747,054	790,860	833,490	876,120	921,690
DTP3 coverage**	97.9	98.0	98.0	98.0	98.0	98.0	98.0	98.0
Target population vaccinated with DTP (DTP1)***	599,016	551,250	704,424	747,054	790,860	833,490	876,120	921,690
Wastage ² rate in base-year and planned thereafter	1.04	1.18	1.18	1.18	1.18	1.18	1.18	1.18
Duplicate these rows as many times as the number of new vaccines requested								
Target population vaccinated with 3 rd dose of HepB (penta from 2009)	568,064	551,250	704,424	747,054	790,860	833,490	876,120	921,690
..... Coverage**	91.4	98.0	98.0	98.0	98.0	98.0	98.0	98.0
Target population vaccinated with 1 st dose of HepB (penta from 2009)	630,780	674,500	718,014	761,530	806,035	849,550	893,100	936,600
Wastage ¹ rate in base-year and planned thereafter	1.0	1.05	1.05	1.05	1.05	1.05	1.05	1.05
Target population vaccinated with 1 st dose of Measles (MMR)	572,891	613,745	663,500	706,580	749,340	793,300	836,000	878,800
Target population vaccinated with 2 nd dose of Measles (MMR)	0	360,3260	514,000	520,400	533,400	581,400	621,860	672,300
Measles coverage**	99.6	99.6	99.6	99.6	99.6	99.6	99.6	99.6
Pregnant women vaccinated with TT+								
TT+ coverage****								
Vit A supplement	Mothers (<6 weeks from delivery)							
	Infants (>6 months)							
Annual DTP Drop out rate [(DTP1-DTP3)/DTP1] x100	0.45	0.45	0.45	0.45	0.45	0.45	0.45	0.45
Annual Measles Drop out rate (for countries applying for YF)								

* Number of infants vaccinated out of total births

** Number of infants vaccinated out of surviving infants

*** Indicate total number of children vaccinated with either DTP alone or combined

**** Number of pregnant women vaccinated with TT+ out of total pregnant women

Note: Annual birth rate increase is 7-9%

² The formula to calculate a vaccine wastage rate (in percentage): $[(A - B) / A] \times 100$. Whereby : A = The number of doses distributed for use according to the supply records with correction for stock balance at the end of the supply period; B = the number of vaccinations with the same vaccine in the same period. For new vaccines check table α after Table 7.1.

1. Immunization Programme Support (ISS, NVS, INS)

1.1 Immunization Services Support (ISS)

Were the funds received for ISS on-budget in 2008? (reflected in Ministry of Health and/or Ministry of Finance budget): Yes/No

If yes, please explain in detail how the GAVI Alliance ISS funding was reflected in the MoH/MoF budget in the box below.

If not, please explain why the GAVI Alliance ISS funding was not reflected in the MoH/MoF budget and whether there is an intention to get the ISS funding on-budget in the near future?

There was no ISS support in the reporting period.

1.1.1 Management of ISS Funds

Please describe the mechanism for management of ISS funds, including the role of the Inter-Agency Co-ordinating Committee (ICC).

Please report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

There was no ISS support in the reporting period.

1.1.2 Use of Immunization Services Support

In 2008, the following major areas of activities have been funded with the GAVI Alliance **Immunization Services Support** contribution.

Funds received during 2008 - *no funds received*

Remaining funds (carry over) from 2007 - *no funds carried over from 2007*

Balance to be carried over to 2009 – *no balance to be carried over to 2009*

Table 1.1: Use of funds during 2008*

Area of Immunization Services Support	Total amount in US \$	AMOUNT OF FUNDS			
		PUBLIC SECTOR			PRIVATE SECTOR & Other
		Central	Region/State/Province	District	
Vaccines					
Injection supplies					
Personnel					
Transportation					
Maintenance and overheads					
Training					
IEC / social mobilization					
Outreach					
Supervision					
Monitoring and evaluation					
Epidemiological surveillance					
Vehicles					
Cold chain equipment					
Other (specify)					
Total:					
Remaining funds for next year:					

1.1.3 ICC meetings

How many times did the ICC meet in 2008? - ICC met 5 times in 2008

Please attach the minutes (DOCUMENT N°1-5) from all the ICC meetings held in 2008 specially the ICC minutes when the allocation and utilization of funds were discussed.
(minutes are attached)

*Are any Civil Society Organizations members of the ICC: **No***
if yes, which ones?

List CSO member organisations – N/a

Please report on major activities conducted to strengthen immunization, as well as problems encountered in relation to implementing your multi-year plan.

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Attachments:

Three (additional) documents are required as a prerequisite for continued GAVI ISS support in 2010:

- Signed minutes (N/A) of the ICC meeting that endorse this section of the Annual Progress Report for 2008. This should also include the minutes of the ICC meeting when the financial statement was presented to the ICC.
- Most recent external audit report (N/A) (e.g. Auditor General's Report or equivalent) of **account(s)** to which the GAVI ISS funds are transferred.
- Detailed Financial Statement of funds (N/A) spent during the reporting year (2008).
- The detailed Financial Statement must be signed by the Financial Controller in the Ministry of Health and/or Ministry of Finance and the chair of the ICC, as indicated below:

1.1.4 Immunization Data Quality Audit (DQA)

If a DQA was implemented in 2007 or 2008 please list the recommendations below:

No DQA conducted in 2007 and 2008

Has a plan of action to improve the reporting system based on the recommendations from the last DQA been prepared?

YES

☐

NO

☐

If yes, what is the status of recommendations and the progress of implementation and attach the plan.

N/A

Please highlight in which ICC meeting the plan of action for the last DQA was discussed and endorsed by the ICC. [mm/yyyy]

Please report on any studies conducted and challenges encountered regarding EPI issues and administrative data reporting during 2008 (for example, coverage surveys, DHS, house hold surveys, etc).

List studies conducted:

No studies/surveys conducted in 2008

List challenges in collecting and reporting administrative data:

N/A

1.2. GAVI Alliance New & Under-used Vaccines Support (NVS)

1.2.1. Receipt of new and under-used vaccines during 2008

When was the new and under-used vaccine introduced? Please include change in doses per vial and change in presentation, (e.g. DTP + HepB mono to DTP-HepB)

[List new and under-used vaccine introduced in 2008]

1. GAVI support for HepB procurement continued in 2007. 1,579,000 doses of HepB vaccine, 2,592,000 pcs of AD syringes and 28,775 pcs of safety boxes were received. Starting in 2008, all procurement for HepB vaccine is taken over by the Government.

2. On 7 February 2008 Uzbekistan applied to GAVI for pentavalent Hib containing vaccine support, and the application was approved on 9 May 2008. The introduction of the pentavalent vaccine into routine immunization started on 10 March 2009, as the vaccine manufactured by Panacea Biotec of India was supplied with 2-month delay.

[List any change in doses per vial and change in presentation in 2008]

The pentavalent vaccine is supplied in it's 1-dose liquid DTPw-HepB-Hib presentation bundled with AD syringes and safety boxes

Dates shipments were received in 2008.

Vaccine	Vials size	Total number of Doses	Date of Introduction	Date shipments received (2008)
DTPw-HepB-Hib	1-dose	937,800	10 arch 2009	26-January-2009 2-February-2009 9-february-2009

Please report on any problems encountered.

Vaccine was supplied with 2-month delay

1.2.2. Major activities

Please outline major activities that have been or will be undertaken, in relation to, introduction, phasing-in, service strengthening, etc. and report on problems encountered.

National routine immunization calendar reviewed. Relevant decree on the new vaccine introduction with revised guidelines signed by the Minister of Health. Vaccination with new pentavalent vaccine started on 10 March 2009.

Trainings for the health staff on new vaccines were conducted in all the provinces of the country with WHO and UNICEF financial support. Trainings at lower level and monitoring visits continue with WHO support. Other planned activities are pending availability of GAVI cash grant supporting NVI.

1.2.3. Use of GAVI funding entity support for the introduction of the new vaccine

These funds were received on: *20 August 2008*

Please report on the proportion of introduction grant used, activities undertaken, and problems encountered such as delay in availability of funds for programme use.

The funds in the amount of \$159,000 were received in the bank account of the Republican Center of State Sanitary Epidemiological Surveillance in August 2008. However, their withdrawal was not possible due to the changes in the National Bank of Uzbekistan regulations on grant funds. According to the agreement reached with the WHO country office and GAVI Secretariat, the funds were returned to GAVI in April 2009. Upon signing of relevant MOUs between MOH and WHO and GAVI and WHO, the funds will be channelled through WHO CO and utilized.

Year	Amount in US\$	Date received	Balance remaining in US\$	Activities	List of problems
2008	159,000	20.08.08	0	0	Returned to GAVI

1.2.4. Effective Vaccine Store Management/Vaccine Management Assessment

When was the last Effective Vaccine Store Management (EVSM)/Vaccine Management Assessment (VMA) conducted? *May 2008 with follow-up visit in October 2008*

If conducted in 2007/2008, please summarize the major recommendations from the EVSM/VMA.

- 1.Improve recording system per each vaccine
- 2.Train the store staff.
- 3.Develop Standard Operating Procedures.
- 4.Install electronic temperature monitoring equipment in the warehouse.
- 5.Conduct repair works in the warehouse
- 6.Develop plan of cold chain equipment upgrade
- 7.Use freeze indicators

Was an action plan prepared following the EVSM/VMA? **Yes**

If yes, please summarize main activities under the EVSM plan and the activities to address the recommendations and their implementation status.

- 1.Electronic temperature monitoring equipment was installed in the National and all provincial stores with UNICEF support
- 2.Store staff received relevant training annually
- 3.A separate premises for syringes and safety boxes storage built.
4. Cold chain upgrade plan is included in cMYP.
5. VSSM training for national store staff conducted in April 2009.

When will the next EVSM/VMA* be conducted? *2010*

**All countries will need to conduct an EVSM/VMA in the second year of new vaccines supported under GAVI Phase 2.*

Table 1.2

Vaccine 1: penta	
Anticipated stock on 1 January 2010	0
Vaccine 2: penta	
Anticipated stock on 1 January 2010	0
Vaccine 3: penta	
Anticipated stock on 1 January 2010	0

1.3 Injection Safety

1.3.1 Receipt of injection safety support (for relevant countries)

Are you receiving Injection Safety support in cash or supplies? NO

If yes, please report on receipt of injection safety support provided by the GAVI Alliance during 2008 (add rows as applicable).

Injection Safety Material	Quantity	Date received

Please report on any problems encountered.

[List problems]

1.3.2. Even if you have not received injection safety support in 2008 please report on progress of transition plan for safe injections and management of sharps waste.

If support has ended, please report how injection safety supplies are funded.

Procurement of injection safety supplies in 2008 was funded from the government sources, i.e local budgets.

Please report how sharps waste is being disposed of.

In all immunization posts the sharp waste is collected in safety boxes. Disposal of the waste is done in three ways:

- Incinerators;
- Self-made ovens;
- Open-air burning in remote rural areas

Please report problems encountered during the implementation of the transitional plan for safe injection and sharps waste.

Country encounters difficulties in procurement of syringes adequate for BCG.

1.3.3. Statement on use of GAVI Alliance injection safety support in 2008 (if received in the form of a cash contribution)

The following major areas of activities have been funded (specify the amount) with the GAVI Alliance injection safety support in the past year:

N/A

2. Vaccine Immunization Financing, Co-financing, and Financial Sustainability

Table 2.1: Overall Expenditures and Financing for Immunization

The purpose of Table 2.1 is to guide GAVI understanding of the broad trends in immunization programme expenditures and financial flows.

Please the following table should be filled in using US \$.

	Reporting Year 2008	Reporting Year + 1	Reporting Year + 2
	Expenditures	Budgeted	Budgeted
Expenditures by Category			
Traditional Vaccines	6,960,000	10,688,391	12,057,145
New Vaccines	0	612,000	665,700
Injection supplies	500,000	1,497,482	1,527,021
Cold Chain equipment	62,657	2,691,597	0
Operational costs	23,216,706	27,275,751	27,516,957
Other (please specify)	3,344,470	1,646,995	1,529,477
Total EPI	34,083,833	44,412,216	44,646,296
Total Government Health	68,167,666	88,824,432	87,942,596

Exchange rate used	1450
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Please describe trends in immunization expenditures and financing for the reporting year, such as differences between planned versus actual expenditures, financing and gaps. Give details on the reasons for the reported trends and describe the financial sustainability prospects for the immunization program over the next three years; whether the funding gaps are manageable, challenge, or alarming. If either of the latter two is applicable, please explain the strategies being pursued to address the gaps and indicate the sources/causes of the gaps.

Procurement of routine immunization vaccines for children under 2 years of age is financed through the budget line #01841. In 2008, instead of USD3.5 mln requested for this purpose, the Ministry of Finance allocated only 55.3%. Same situation was encountered in 2007, when only 53.0% of the requested amount was allocated. The shortfall was covered with humanitarian aid. In 2009, there is hope that situation will normalize and financing sustainability ensured, but there is no guarantee.

The gaps between needed and allocated funds are caused by increasing vaccine prices and unpredicted birth rate growth.

Future Country Co-Financing (in US\$)

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the excel sheet's "Country Specifications" Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Then please copy the data from Annex 1 (Tab "Support Requested" Table 2) into Tables 2.2.1 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 (one Annex for each vaccine requested) together with the application.

Table 2.2.1 is designed to help understand future country level co-financing of GAVI awarded vaccines. If your country has been awarded more than one new vaccine please complete as many tables as per each new vaccine being co-financed (Table 2.2.2; Table 2.2.3;)

Table 2.2.1: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>1st vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose		0.30	0.40	0.40	0.40	0.40	0.40
Number of vaccine doses	#	178600	283200	319200	359700	477000	592300
Number of AD syringes	#	188800	299400	337400	380200	504300	626100
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	2100	33325	3750	4225	5600	6950
Total value to be co-financed by country	\$	666000	941500	996500	1050500	1104000	1161500

Table 2.2.2: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>2nd vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.2.3: Portion of supply to be co-financed by the country (and cost estimate, US\$)

<i>3rd vaccine:</i>		2010	2011	2012	2013	2014	2015
Co-financing level per dose							
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by country	\$						

Table 2.3: Country Co-Financing in the Reporting Year (2008)

Q.1: How have the proposed payment schedules and actual schedules differed in the reporting year?			
Schedule of Co-Financing Payments	Planned Payment Schedule in Reporting Year	Actual Payments Date in Reporting Year	Proposed Payment Date for Next Year
	(month/year)	(day/month)	
1st Awarded Vaccine (pentavalent)	N/A	N/A	Q4 2009
2nd Awarded Vaccine (specify)			
3rd Awarded Vaccine (specify)			

Q. 2: How Much did you co-finance?		
Co-Financed Payments	Total Amount in US\$	Total Amount in Doses
1st Awarded Vaccine (pentavalent)	612,000	164,100
2nd Awarded Vaccine (specify)		
3rd Awarded Vaccine (specify)		

Q. 3: What factors have slowed or hindered or accelerated mobilization of resources for vaccine co-financing?	
1.	
2.	
3.	
4.	

If the country is in default please describe and explain the steps the country is planning to come out of default.

The first payment is scheduled for 2009. Despite problems with funds allocation and local currency convertibility, the country will comply with requirements and pay \$612,000 till the end of year 2009.

3. Request for new and under-used vaccines for year 2010

Section 3 is to the request new and under-used vaccines and related injection safety supplies for 2010.

3.1. Up-dated immunization targets

Please provide justification and reasons for changes to baseline, targets, wastage rate, vaccine presentation, etc. from the previously approved plan, and on reported figures which differ from those reported in the **WHO/UNICEF Joint Reporting Form** in the space provided below.

Are there changes between table A and B? Yes

If there are changes, please describe the reasons and justification for those changes below:

Provide justification for any changes **in births**:

The number of births increased by 95,831 child, with the growth rate of 7-9% a year. Instead of expected 608,000 children in 2008, the actual number of births was 637,345. The predicted number of births for 2010 is 683,000

Provide justification for any changes **in surviving infants**:

As of 1 January 2009, the number of surviving infants was 624,630. With the increase in birth cohort, the number of surviving infants also increases.

Provide justification for any changes **in Targets by vaccine**:

The requirement for pentavalent vaccine for 2009 is 1,966,734 doses (number of surviving infants x 3 doses x wastage rate of 1.05). GAVI provides 2,039,700 doses including 25% buffer stock, which will be used in 2009 to immunize additional children given increase in number of births. The forecasted number of births for 2009 is 650,000. Therefore, no balance of vaccine is expected for 1 January 2010. In this regard, we request to increase supply of pentavalent vaccine for 2010 in accordance with tables 2.2.1, 3.1 and 3.2, and accordingly, the vaccination supplies (AD syringes and safety boxes) as per Decision letter of 9 May 2008 (tables 1 and 3)

Provide justification for any changes **in Wastage by vaccine**:

The wastage rate is equal to 1.05

Vaccine 1: pentavalent DTPw-HepB-Hib

Please refer to the excel spreadsheet Annex 1 and proceed as follows:

- Please complete the “Country Specifications” Table in Tab 1 of Annex 1, using the data available in the other Tabs: Tab 3 for the commodities price list, Tab 5 for the vaccine wastage factor and Tab 4 for the minimum co-financing levels per dose.
- Please summarise the list of specifications of the vaccines and the related vaccination programme in Table 3.1 below, using the population data (from Table B of this APR) and the price list and co-financing levels (in Tables B, C, and D of Annex 1).
- Then please copy the data from Annex 1 (Tab “Support Requested” Table 1) into Table 3.2 (below) to summarize the support requested, and co-financed by GAVI and by the country.

Please submit the electronic version of the excel spreadsheets Annex 1 together with the application.

(Repeat the same procedure for all other vaccines requested and fill in tables 3.3; 3.4;)

Table 3.1: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#	514109	704424	747054	790860	833490	876120
Target immunisation coverage with the third dose	<i>Table B</i>	#	98	98	98	98	98	98
Number of children to be vaccinated with the first dose	<i>Table B</i>	#	517770	704424	747054	790860	833490	876120
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#	1.05	1.05	1.05	1.05	1.05	1.05
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$	666000	941500	996500	1050500	1104000	1161500

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.2: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#	2040400	2070100	2172100	2265900	2282800	2311100
Number of AD syringes	#	2157000	2188400	2296200	2395400	2413300	2443200
Number of re-constitution syringes	#	0	0	0	0	0	0
Number of safety boxes	#	23950	24300	25500	26600	26800	27125
Total value to be co-financed by GAVI	\$	7607500	6882000	6782000	6617500	5283500	4532000

Vaccine 2: rotavirus

Same procedure as above (table 3.1 and 3.2)

Table 3.3: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.4: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

Vaccine 3: pneumococcal

Same procedure as above (table 3.1 and 3.2)

Table 3.5: Specifications of vaccinations with new vaccine

	<i>Use data in:</i>		2010	2011	2012	2013	2014	2015
Number of children to be vaccinated with the third dose	<i>Table B</i>	#						
Target immunisation coverage with the third dose	<i>Table B</i>	#						
Number of children to be vaccinated with the first dose	<i>Table B</i>	#						
Estimated vaccine wastage factor	<i>Excel sheet Table E - tab 5</i>	#						
Country co-financing per dose *	<i>Excel sheet Table D - tab 4</i>	\$						

* Total price pre dose includes vaccine cost, plus freight, supplies, insurance, fees, etc

Table 3.6: Portion of supply to be procured by the GAVI Alliance (and cost estimate, US\$)

		2010	2011	2012	2013	2014	2015
Number of vaccine doses	#						
Number of AD syringes	#						
Number of re-constitution syringes	#						
Number of safety boxes	#						
Total value to be co-financed by GAVI	\$						

4. Health Systems Strengthening (HSS)

Instructions for reporting on HSS funds received

1. As a Performance-based organisation the GAVI Alliance expects countries to report on their performance – this has been the principle behind the Annual Progress Reporting –APR– process since the launch of the GAVI Alliance. Recognising that reporting on the HSS component can be particularly challenging given the complex nature of some HSS interventions the GAVI Alliance has prepared these notes aimed at helping countries complete the HSS section of the APR report.
2. All countries are expected to report on HSS on the basis of the January to December calendar year. Reports should be received by 15th May of the year after the one being reported.
3. This section **only needs to be completed by those countries that have been approved and received funding for their HSS proposal before or during the last calendar year**. For countries that received HSS funds within the last 3 months of the reported year can use this as an inception report to discuss progress achieved and in order to enable release of HSS funds for the following year on time.
4. It is very important to fill in this reporting template thoroughly and accurately, and to ensure that **prior to its submission to the GAVI Alliance this report has been verified by the relevant country coordination mechanisms** (ICC, HSCC or equivalent) in terms of its accuracy and validity of facts, figures and sources used. Inaccurate, incomplete or unsubstantiated reporting may lead to the report not being accepted by the Independent Review Committee (IRC) that monitors all APR reports, in which case the report might be sent back to the country and this may cause delays in the release of further HSS funds. Incomplete, inaccurate or unsubstantiated reporting may also cause the IRC to recommend against the release of further HSS funds.
5. Please use additional space than that provided in this reporting template, as necessary.

4.1 Information relating to this report:

- Fiscal year runs from(month) to(month).
- This HSS report covers the period from(month/year) to(month/year)
- Duration of current National Health Plan is from(month/year) to(month/year).
- Duration of the immunisation cMYP:
- Who was responsible for putting together this HSS report who may be contacted by the GAVI secretariat or by the IRC for any possible clarifications?

It is important for the IRC to understand key stages and actors involved in the process of putting the report together. For example: *'This report was prepared by the Planning Directorate of the Ministry of Health. It was then submitted to UNICEF and the WHO country offices for necessary verification of sources and review. Once their feedback had been acted upon the report was finally sent to the Health Sector Coordination Committee (or ICC, or equivalent) for final review and approval. Approval was obtained at the meeting of the HSCC on 10th March 2008. Minutes of the said meeting have been included as annex XX to this report.'*

Name	Organisation	Role played in report submission	Contact email and telephone number
Government focal point to contact for any clarifications			
Other partners and contacts who took part in putting this report together			

- f) Please describe briefly the main sources of information used in this HSS report and how was information verified (validated) at country level prior to its submission to the GAVI Alliance. Were any issues of substance raised in terms of accuracy or validity of information and, if so, how were these dealt with or resolved?

This issue should be addressed in each section of the report, as different sections may use different sources. In this section however one might expect to find what the MAIN sources of information were and a mention to any IMPORTANT issues raised in terms of validity, reliability, etcetera of information presented. For example: *The main sources of information used have been the external Annual Health Sector Review undertaken on (such date) and the data from the Ministry of Health Planning Office. WHO questioned some of the service coverage figures used in section XX and these were tallied with WHO's own data from the YY study. The relevant parts of these documents used for this report have been appended to this report as annexes X, Y and Z.*

[illegible]

- g) In putting together this report did you experience any difficulties that are worth sharing with the GAVI HSS Secretariat or with the IRC in order to improve future reporting? Please provide any suggestions for improving the HSS section of the APR report? Are there any ways for HSS reporting to be more harmonised with existing country reporting systems in your country?

4.2 Overall support breakdown financially

Period for which support approved and new requests. For this APR, these are measured in calendar years, but in future it is hoped this will be fiscal year reporting:

	Year								
	2007	2008	2009	2010	2011	2012	2013	2014	2015
Amount of funds approved									
Date the funds arrived									
Amount spent									
Balance									
Amount requested									

Amount spent in 2008:

Remaining balance from total:

Table 4.3 note: This section should report according to the original activities featuring in the HSS proposal. It is very important to be precise about the extent of progress, so please allocate a percentage to each activity line, from 0% to 100% completion.. Use the right hand side of the table to provide an explanation about progress achieved as well as to bring to the attention of the reviewers any issues relating to changes that have taken place or that are being proposed in relation to the original activities.

Please do mention whenever relevant the **SOURCES** of information used to report on each activity. The section on **support functions** (management, M&E and Technical Support) is also very important to the GAVI Alliance. Is the management of HSS funds effective, and is action being taken on any salient issues? Have steps been taken to improve M&E of HSS funds, and to what extent is the M&E integrated with country systems (such as, for example, annual sector reviews)? Are there any issues to raise in relation to technical support needs or gaps that might improve the effectiveness of HSS funding?

Table 4.3 HSS Activities in reporting year (ie. 2008)						
Major Activities	Planned Activity for reporting year	Report on progress ³ (% achievement)	Available GAVI HSS resources for the reporting year (2008)	Expenditure of GAVI HSS in reporting year (2008)	Carried forward (balance) into 2009)	Explanation of differences in activities and expenditures from original application or previously approved adjustment and detail of achievements
Objective 1:						
Activity 1.1:						
Activity 1.2:						
Objective 2:						
Activity 2.1:						
Activity 2.2:						
Objective 3:						
Activity 3.1:						

³ For example, number of Village Health Workers trained, numbers of buildings constructed or vehicles distributed

Activity 3.2:						
Support Functions						
Management						
M&E						
Technical Support						

Table 4.4 note: This table should provide up to date information on work taking place in the first part of the year when this report is being submitted i.e. between January and April 2009 for reports submitted in May 2009.

The column on Planned expenditure in coming year should be as per the estimates provided in the APR report of last year (Table 4.6 of last year's report) or –in the case of first time HSS reporters- as shown in the original HSS proposal.

Any significant differences (15% or higher) between previous and present “planned expenditure” should be explained in the last column on the right.

Table 4.4 Planned HSS Activities for current year (ie. January – December 2009) and emphasise which have been carried out between January and April 2009					
Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2009	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					

M&E support costs					
Technical support					
TOTAL COSTS				(This figure should correspond to the figure shown for 2009 in table 4.2)	

Table 4.5 Planned HSS Activities for next year (ie. 2010 FY) This information will help GAVI's financial planning commitments

Major Activities	Planned Activity for current year (ie.2009)	Planned expenditure in coming year	Balance available (To be automatically filled in from previous table)	Request for 2010	Explanation of differences in activities and expenditures from original application or previously approved adjustments**
Objective 1:					
Activity 1.1:					
Activity 1.2:					
Objective 2:					
Activity 2.1:					
Activity 2.2:					
Objective 3:					
Activity 3.1:					
Activity 3.2:					
Support costs					
Management costs					
M&E support costs					
Technical support					
TOTAL COSTS					

4.6 Programme implementation for reporting year:

- a) Please provide a narrative on major accomplishments (especially impacts on health service programs, notably the immunization program), problems encountered and solutions found or proposed, and any other salient information that the country would like GAVI to know about. Any reprogramming should be highlighted here as well.

This section should act as an executive summary of performance, problems and issues linked to the use of the HSS funds. This is the section where the reporters point the attention of reviewers to **key facts**, what these mean and, if necessary, what can be done to improve future performance of HSS funds.

- b) Are any Civil Society Organizations involved in the implementation of the HSS proposal? If so, describe their participation? For those pilot countries that have received CSO funding there is a separate questionnaire focusing exclusively on the CSO support after this HSS section.*

4.7 Financial overview during reporting year:

4.7 note: In general, HSS funds are expected to be visible in the MOH budget and add value to it, rather than HSS being seen or shown as separate “project” funds. These are the kind of issues to be discussed in this section

- a) Are funds on-budget (reflected in the Ministry of Health and Ministry of Finance budget): Yes/No If not, why not and how will it be ensured that funds will be on-budget ? Please provide details.*

- b) Are there any issues relating to financial management and audit of HSS funds or of their linked bank accounts that have been raised by auditors or any other parties? Are there any issues in the audit report (to be attached to this report) that relate to the HSS funds? Please explain.*

4.8 General overview of targets achieved

Table 4.8 Progress on Indicators included in application												
Strategy	Objective	Indicator	Numerator	Denominator	Data Source	Baseline Value	Source	Date of Baseline	Target	Date for Target	Current status	Explanation of any reasons for non achievement of targets

4.9 Attachments

Five pieces of further information are required for further disbursement or allocation of future vaccines.

- a. Signed minutes of the HSCC meeting endorsing this reporting form
- b. Latest Health Sector Review report
- c. Audit report of account to which the GAVI HSS funds are transferred to
- d. Financial statement of funds spent during the reporting year (2008)
- e. This sheet needs to be signed by the government official in charge of the accounts HSS funds have been transferred to, as below.

Financial Comptroller Ministry of Health:

Name:

Title / Post:

Signature:

Date:

5. Strengthened Involvement of Civil Society Organisations (CSOs)

1.1 TYPE A: Support to strengthen coordination and representation of CSOs

This section is to be completed by countries that have received GAVI TYPE A CSO support⁴

Please fill text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.1.1 Mapping exercise

Please describe progress with any mapping exercise that has been undertaken to outline the key civil society stakeholders involved with health systems strengthening or immunisation. Please identify conducted any mapping exercise, the expected results and the timeline (please indicate if this has changed).

⁴ Type A GAVI Alliance CSO support is available to all GAVI eligible countries.
Annual Progress Report 2008

Please describe any hurdles or difficulties encountered with the proposed methodology for identifying the most appropriate in-country CSOs involved or contributing to immunisation, child health and/or health systems strengthening. Please describe how these problems were overcome, and include any other information relating to this exercise that you think it would be useful for the GAVI Alliance secretariat or Independent Review Committee to know about.

5.1.2 Nomination process

Please describe progress with processes for nominating CSO representatives to the HSCC (or equivalent) and ICC, and any selection criteria that have been developed. Please indicate the initial number of CSOs represented in the HSCC (or equivalent) and ICC, the current number and the final target. Please state how often CSO representatives attend meetings (% meetings attended).

Please provide Terms of Reference for the CSOs (if developed), or describe their expected roles below. State if there are guidelines/policies governing this. Outline the election process and how the CSO community will be/have been involved in the process, and any problems that have arisen.

Please state whether participation by CSOs in national level coordination mechanisms (HSCC or equivalent and ICC) has resulted in a change in the way that CSOs interact with the Ministry of Health. Is there now a specific team in the Ministry of Health responsible for linking with CSOs? Please also indicate whether there has been any impact on how CSOs interact with each other.

5.1.3 Receipt of funds

Please indicate in the table below the total funds approved by GAVI (by activity), the amounts received and used in 2008, and the total funds due to be received in 2009 (if any).

ACTIVITIES	Total funds approved	2008 Funds US\$			Total funds due in 2009
		Funds received	Funds used	Remaining balance	
Mapping exercise					
Nomination process					
Management costs					
TOTAL COSTS					

5.1.4 Management of funds

Please describe the mechanism for management of GAVI funds to strengthen the involvement and representation of CSOs, and indicate if and where this differs from the proposal. Please identify who has overall management responsibility for use of the funds, and report on any problems that have been encountered involving the use of those funds, such as delay in availability for programme use.

TYPE B: Support for CSOs to help implement the GAVI HSS proposal or cMYP

This section is to be completed by countries that have received GAVI TYPE B CSO support⁵

Please fill in text directly into the boxes below, which can be expanded to accommodate the text.

Please list any abbreviations and acronyms that are used in this report below:

5.2.1 Programme implementation

Briefly describe progress with the implementation of the planned activities. Please specify how they have supported the implementation of the GAVI HSS proposal or cMYP (refer to your proposal). State the key successes that have been achieved in this period of GAVI Alliance support to CSOs.

Please indicate any major problems (including delays in implementation), and how these have been overcome. Please also identify the lead organisation responsible for managing the grant implementation (and if this has changed from the proposal), the role of the HSCC (or equivalent).

⁵ Type B GAVI Alliance CSO Support is available to 10 pilot GAVI eligible countries only: Afghanistan, Burundi, Bolivia, DR Congo, Ethiopia, Georgia, Ghana, Indonesia, Mozambique and Pakistan.

Please state whether the GAVI Alliance Type B support to CSOs has resulted in a change in the way that CSOs interact with the Ministry of Health, and or / how CSOs interact with each other.

Please outline whether the support has led to a greater involvement by CSOs in immunisation and health systems strengthening (give the current number of CSOs involved, and the initial number).

Please give the names of the CSOs that have been supported so far with GAVI Alliance Type B CSO support and the type of organisation. Please state if were previously involved in immunisation and / or health systems strengthening activities, and their relationship with the Ministry of Health.

For each CSO, please indicate the major activities that have been undertaken, and the outcomes that have been achieved as a result. Please refer to the expected outcomes listed in the proposal.

Name of CSO (and type of organisation)	Previous involvement in immunisation / HSS	GAVI supported activities undertaken in 2008	Outcomes achieved

Please list the CSOs that have not yet been funded, but are due to receive support in 2009/2010, with the expected activities and related outcomes. Please indicate the year you expect support to start. Please state if are currently involved in immunisation and / or health systems strengthening.

Please also indicate the new activities to be undertaken by those CSOs already supported.

Name of CSO (and type of organisation)	Current involvement in immunisation / HSS	GAVI supported activities due in 2009 / 2010	Expected outcomes

5.2.2 Receipt of funds

Please indicate in the table below the total funds approved by GAVI, the amounts received and used in 2008, and the total funds due to be received in 2009 and 2010. Please put every CSO in a different line, and include all CSOs expected to be funded during the period of support. Please include all management costs and financial auditing costs, even if not yet incurred.

NAME OF CSO	Total funds approved	2008 Funds US\$ (,000)			Total funds due in 2009	Total funds due in 2010
		Funds received	Funds used	Remaining balance		
Management costs (of all CSOs)						
Management costs (of HSCC / TWG)						
Financial auditing costs (of all CSOs)						
TOTAL COSTS						

5.2.3 Management of funds

Please describe the financial management arrangements for the GAVI Alliance funds, including who has overall management responsibility and indicate where this differs from the proposal. Describe the mechanism for budgeting and approving use of funds and disbursement to CSOs.

Please give details of the management and auditing costs listed above, and report any problems that have been experienced with management of funds, including delay in availability of funds.

5.2.4 Monitoring and Evaluation

Please give details of the indicators that are being used to monitor performance. Outline progress in the last year (baseline value and current status), and the targets (with dates for achievement).

These indicators will be in the CSO application and reflect the cMYP and / or GAVI HSS proposal.

Activity / outcome	Indicator	Data source	Baseline value	Date of baseline	Current status	Date recorded	Target	Date for target

Finally, please give details of the mechanisms that are being used to monitor these indicators, including the role of beneficiaries in monitoring the progress of activities, and how often this occurs. Indicate any problems experienced in measuring the indicators, and any changes proposed.

6. Checklist

Checklist of completed form:

Form Requirement:	Completed	Comments
Date of submission	15 May 2009	
Reporting Period (consistent with previous calendar year)	Yes	
Government signatures	Yes	
ICC endorsed	Yes	
ISS reported on	No	
DQA reported on	No	
Reported on use of Vaccine introduction grant	Yes	
Injection Safety Reported on	Yes	
Immunisation Financing & Sustainability Reported on (progress against country IF&S indicators)	Yes	
New Vaccine Request including co-financing completed and Excel sheet attached	Yes	
Revised request for injection safety completed (where applicable)	No	
HSS reported on	No	
ICC minutes attached to the report	Yes	
HSCC minutes, audit report of account for HSS funds and annual health sector review report attached to Annual Progress Report	No	

7. Comments

ICC/HSCC comments:

Please provide any comments that you may wish to bring to the attention of the monitoring IRC in the course of this review and any information you may wish to share in relation to challenges you have experienced during the year under review.

It took almost 7 month to come to the agreement on the ways of saluting of the problem with new vaccine introduction grant. At least two more months will be necessary to complete the process of transferring the funds through WHO. Thus, some activities outlined in the new vaccine introduction plan will be delayed.

The country faces problems with the cash liquidity and the local currency convertibility. This negatively affects vaccine procurement process and financial sustainability of the immunization programme.

~ End ~